

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Greenville

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26152

Township of

or

Inc. Town of Greenville

or

City of Greenville

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 22 ARegistered No. 388

(For use of Local Registrar)

(Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

Sex Male(4) Twin or triplet? ✓(5) Number in order of birth 1(6) Is Parent Married? Yes(7) DATE OF BIRTH June 7 1909

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 19 1909 (28) C. E. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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